

**High Piled Combustible Storage Questionnaire**

**February 2015**

**NOTE: This form must be attached to all plan submissions as well as No Stacking Waivers.**

Business Name: _____ Date _____													
Business Address: _____													
Business Telephone: (____) _____ Business Fax (____) _____													
<p>1. Commodity classifications: (check all that apply) <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> High Hazard (If <b>plastics</b> are being stored, please fill out the plastics portion of this questionnaire)</p> <p>2. Description of storage: _____ _____ _____</p> <p style="text-align: center;">(if more space is needed please attach additional pages)</p>													
<p>3. Maximum storage height: _____ Ft</p> <p>4. Clear ceiling height - Floor to bottom of roof deck: _____ Ft</p> <p>5. Clear height - Floor to bottom of structural roof supports: _____ Ft</p>													
<p>6. Method of storage: (check all that apply)</p> <table style="width: 100%;"><tr><td><input type="checkbox"/> Encapsulated in plastic</td><td><input type="checkbox"/> Non encapsulated</td><td><input type="checkbox"/> Bin box</td></tr><tr><td><input type="checkbox"/> On wooden pallets</td><td><input type="checkbox"/> On plastic pallets</td><td><input type="checkbox"/> Solid pile</td></tr><tr><td><input type="checkbox"/> On racks <b>with</b> solid shelves</td><td><input type="checkbox"/> On racks <b>without</b> solid shelves</td><td></td></tr><tr><td colspan="3"><input type="checkbox"/> Other (describe) _____</td></tr></table>		<input type="checkbox"/> Encapsulated in plastic	<input type="checkbox"/> Non encapsulated	<input type="checkbox"/> Bin box	<input type="checkbox"/> On wooden pallets	<input type="checkbox"/> On plastic pallets	<input type="checkbox"/> Solid pile	<input type="checkbox"/> On racks <b>with</b> solid shelves	<input type="checkbox"/> On racks <b>without</b> solid shelves		<input type="checkbox"/> Other (describe) _____		
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<p>7. Rack Storage Information <input type="checkbox"/> N/A (N/A indicates racks will not be used in the storage scheme)</p> <p>Type of racks: <input type="checkbox"/> Single rows <input type="checkbox"/> Double rows <input type="checkbox"/> Multiple rows</p> <p>Height of racks: _____ Ft      Depth of racks: _____ Ft      Width of racks: _____ Ft</p> <p>Minimum aisle width between racks: _____ Inches</p> <p>Longitudinal flue space: _____ Inches      Transverse flue space: _____ Inches</p>													
<p>8. Mechanical smoke removal system provided/present? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>9. Smoke vents required/present? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="padding-left: 40px;">If yes, what is the vent to ceiling area ratio? _____:</p> <p style="padding-left: 40px;">What is the total square footage of all vents required? _____</p> <p>10. Are draft/curtain boards being provided/present? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>													
<p>11. Gross square footage of <u>entire structure</u> : _____ Square Ft</p> <p>12. Size of designated storage areas: (Actual floor space of all racks/piles plus required aisles)</p> <table style="width: 100%;"><tr><td><input type="checkbox"/> Storage Area 1 _____ sq. ft.</td><td><input type="checkbox"/> Storage Area 4 _____ sq. ft.</td></tr><tr><td><input type="checkbox"/> Storage Area 2 _____ sq. ft.</td><td><input type="checkbox"/> Storage Area 5 _____ sq. ft. (list additional storage</td></tr><tr><td><input type="checkbox"/> Storage Area 3 _____ sq. ft.</td><td><input type="checkbox"/> Storage Area 6 _____ sq. ft. areas on separate sheet)</td></tr></table>		<input type="checkbox"/> Storage Area 1 _____ sq. ft.	<input type="checkbox"/> Storage Area 4 _____ sq. ft.	<input type="checkbox"/> Storage Area 2 _____ sq. ft.	<input type="checkbox"/> Storage Area 5 _____ sq. ft. (list additional storage	<input type="checkbox"/> Storage Area 3 _____ sq. ft.	<input type="checkbox"/> Storage Area 6 _____ sq. ft. areas on separate sheet)						
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<p>13. Is or will the facility be fire sprinklered throughout or partial? <input type="checkbox"/> Throughout <input type="checkbox"/> Partial</p> <p style="padding-left: 40px;">If partial, is/will all high piled storage areas have fire sprinkler protection? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="padding-left: 40px;">If yes, is/will the sprinkler protection (be) an ESFR system? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>14. Is/will the facility (be) provided with a fire alarm system? (burglar security systems don't count) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>													

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15. Pile Storage Information ☐ N/A (N/A indicates piles will not be used in the storage scheme)

Cubic feet per pile \_\_\_\_\_ Cubic ft.

Maximum pile dimension (any direction) \_\_\_\_\_ Ft

Maximum height of pile(s) \_\_\_\_\_ Ft

Minimum aisle width between piles: \_\_\_\_\_ Inches

16. Are access doors provided every 100 lineal feet of all high piled storage area exterior walls which face roadways/driveways? ☐ Yes ☐ No

17. If so, are these access doors keyed for fire department use during emergencies and keys will be provided in the facilities Knox™ box? ☐ Yes ☐ No

**Note:** A Knox™ box is required for all high piled combustible storage facilities. All exterior doors shall have Knox™ labels. See attached information and order sheet in to order a Knox™ Box.

Names and titles of persons responsible for information contained within this questionnaire: (please print)

\_\_\_\_\_  
(Owner Name Printed)

\_\_\_\_\_  
(Owner Signature)

Office: (\_\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_  
(Facility Manager Name Printed)

\_\_\_\_\_  
(Facility Manager Signature)

Office: (\_\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_  
(Other Name Printed)

\_\_\_\_\_  
(Other Title Signature)

Office: (\_\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_